

**CHILD SUPPORT INCENTIVE FUNDS TRANSFER AGREEMENT (State Form XXXX)**

		<b>County</b>	
		<b>Date (Month, Date, Year)</b>	
<b>PARTY INFORMATION</b>			
<b>TRANSFEROR INFORMATION</b>		<b>TRANSFeree INFORMATION</b>	
Name of Transferor		Name of Transferee	
Fund Number for Transfer		Fund Number for Transfer	
<b>TRANSFER INFORMATION</b>			
<input type="checkbox"/> <b>ONE TIME TRANSFER:</b>		<input type="checkbox"/> <b>PERIODIC TRANSFER:</b>	
Transferor and Transferee agree that \$_____ shall be transferred from Transferor's account to Transferee's account.		Transferor and Transferee agree that \$_____ shall be transferred <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
Transfer Date		Commencement Date	Termination Date
Purpose of Transfer (must be allowable under state and federal law):			
As a condition of this transfer, we agree that: <ul style="list-style-type: none"><li>• Money transferred by this agreement will be spent only on Title IV-D child support purposes allowable under state and federal law.</li><li>• Transferor shall maintain appropriate documentation regarding the transfer of funds described within this agreement. Transferor shall not be responsible for any reporting connected to the expenditure of the funds transferred by this agreement.</li><li>• Transferee shall maintain appropriate documentation regarding the transfer of funds described within this agreement. Transferee shall be responsible for any and all reporting connected with the expenditure of funds transferred by this agreement.</li><li>• Title IV-D Incentive Funds received pursuant to the American Recovery and Reinvestment Act (ARRA) and regular Title IV-D Incentive Funds (those incentive monies not received pursuant to ARRA) may not be commingled.</li><li>• The amount of money transferred herein shall remain in the appropriate incentive account until spent for purposes allowable under state and federal law or until transferred to an office that has entered into a current and approved cooperative agreement with the Indiana Department of Child Services Child Support Bureau (DCS-CSB).</li><li>• Transferor and Transferee have current and approved cooperative agreements with the DCS-CSB.</li><li>• Transferee shall provide a copy of this form once signed by both parties to the County Auditor within five (5) business days of signature. Transferee shall provide a copy with documentation showing receipt and completion by the County Auditor within ten (10) business days of parties' signature to DCS-CSB, Attn: XXXX at XXXX.</li></ul>			
We, the undersigned, understand and agree to all of the terms contained in this Agreement.			
Signature of Transferor		Signature of Transferee	
Title, Office, and County of Transferor		Title, Office, and County of Transferee	
Date (Month, Day, Year)		Date (Month, Day, Year)	
County Auditor Received by (Signature)		County Auditor Receipt Date	
		County Auditor Completion Date	